SF 278 (Rev. 6/94) (EG) 5 CFR Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved OMB No. 3209-0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status		Calendar Year Covered by Report					Termination Date (If Applicable) (Month, Day, Year)		Agency Use Only			
	(Check Appropriate Boxes)	Incumbent			New Entrant, Nominee, or Candidate	r	Termination Filer						
	Last Name			1	First Name and Middle	Initia		1		OGE Use Only			
Reporting Individual's Name										·			
	Title of Position				Department or Agency ((If Ap	oplicable)			Fee for Late Filing			
Position for Which Filing				Any individual who is required to file this report and does so more than 30 days after									
Location of Present Office	Address (Number,	Street, City, State	ber (Include Area Code)		the date the report is required to be filed, or, if an extension is granted, more than 30 days								
(or forwarding address)				after the last day of the filing extension period shall be subject to a \$200 fee.									
Position(s) Held with the Federal	Title of Position(s)	and Date(s) Hele	i							<u> </u>			
Government During the Preceding 12 Months (If Not Same as Above)										Reporting Periods Incumbents: The reporting period is the			
				preceding calendar year except Part II of Schedule C and Part I of Schedule D where									
Presidential Nominees Subject to	Name of Congressiona	al Committee Consi	dering Nomination		Do You Intend to Create a C	Qualifi	ied Diversified	Γrust?		you must also include the filing year up to			
Senate Confirmation					Yes		No		the date you file. Part II of Schedule D is not applicable.				
Certification	Cionatura of Bonon	tina Individual				Do	to (Month D	Vacan	_	Termination Filers: The reporting period			
I CERTIFY that the statements I have made	Signature of Repor	ing individual				Da	te (Month, Do	iy, Year)		begins at the end of the period covered by your previous filing and ends at the date of			
on this form and all attached schedules are true, complete and correct to the best of my knowledge.	all attached schedules are id correct									termination. Part II of Schedule D is not applicable.			
Other Review	Signature of Other	Reviewer	ıy, Year)		Nominees, New Entrants and Candidates for President and Vice President:								
(If desired by agency)				Schedule A The reporting period for income (BLOCK C) is the preceding									
Agency Ethics Official's Opinion	Signature of Design	nated Agency Et	hics Official/Reviewing	Offi	cial	Da	te (Month, Do	ıy, Year)		calendar year and the current calendar year			
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and										up to the date of filing. Value assets as of any date you choose that is within 31 days the date of filing.			
regulations (subject to any comments in the box below).										Schedule B Not applicable.			
Office of Government Ethics	Signature		y, Year)										
Use Only				Schedule C, Part I (Liabilities) The reporting period is the preceding calendar year and the current calendar year up to any									
Comments of Reviewing Officials (If a	additional space is re	quired, use the r	everse side of this sheet))						date you choose that is within 31 days of the date of filing.			
										Schedule C, Part II (Agreements or Arrangements) - Show any agreements or arrangements as of the date of filing.			
										Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.			
					(Check box if c	omme	ents are continu	ed on the reverse side)					

Reporting Individual's Name						SCHEDULE A Page Number															Page Number									
Assets and Income					a	tion it clo	se c	of			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																			
		BLOCK A				I	BLO	CK I	В											BLC	OCK	С								
Identify each asset held by you, your spouse, or dependent children for the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period. Identify each asset or source of income held by you, your spouse, or dependent children which generated over \$200 in income during the reporting period.			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	1	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	סי	Excepted Trust	Qualified Trust ad	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	501 -	\$5,001 - \$15,000	AT 000,000 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	Actual Amount Only if "Other" specified	Date (Mo., Day, Yr.) Only if Honoraria	
E	xamples	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund				<u>x</u>	x	x		x		X			_	x x			Law Partnership Income			X	x	X	 			-		
2																														
3																														
4																														
5																														
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Reporting Individual's Name					SCHEDULE A continued															Page Number									
Block A				Block B								Block C														ı			
Assets and Income Identify each asset held for the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period. Identify each asset or source of income which generated over \$200 in income during the reporting period.			Valuation of Assets						Income: Type													A	mou	nt					
			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	1		\$500,001 - \$1,000,000	Over \$1,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	Actual Amount Only if "Other" specified	Date (Mo., Day, Yr.) Only if Honoraria
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